

SERIAL NUMBER 09/356,845	FILING DATE 07/19/99	CLASS 375	GROUP ART UNIT 2734	ATTORNEY DOCKET NO. I-1-50.5US
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APPLICANT

JOHN DAVID KAEWELL JR., PHILADELPHIA, PA; SCOTT DAVID KURTZ,  
MOUNT LAUREL, NJ.

**\*\*CONTINUING DOMESTIC DATA\*\***

VERIFIED THIS APPLN IS A CON OF 08/796,973 02/07/97 PAT 5,930,297  
 WHICH IS A CON OF 08/588,073 01/17/96 PAT 5,625,653  
 WHICH IS A CON OF 08/347,835 12/01/94 PAT 5,495,508  
 WHICH IS A CON OF 08/104,322 08/09/93 ABN  
 WHICH IS A CON OF 07/438,618 11/20/89 ABN  
 WHICH IS A CON OF 07/123,395 11/20/87 PAT 4,935,927

**\*\*371 (NAT'L STAGE) DATA\*\***

VERIFIED

**\*\*FOREIGN APPLICATIONS\*\***

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/11/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY PA	SHEETS DRAWING 6	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 1
Verified and Acknowledged					

ADDRESS	VOLPE AND KOENIG PC 400 ONE PENN CENTER 1617 JOHN F KENNEDY BOULEVARD PHILADELPHIA PA 19103
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TITLE	BASE STATION EMULATOR
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FILING FEE RECEIVED  \$760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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SERIAL NUMBER 09/356,845	FILING DATE 07/19/99	CLASS 375	GROUP ART UNIT 2734	ATTORNEY DOCKET NO. I-1-50:508
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APPLICANT

JOHN DAVID KAEWELL JR., PHILADELPHIA, PA; SCOTT DAVID KURTZ,  
MOUNT LAUREL, NJ.

\*\*CONTINUING DOMESTIC DATA\*\*\*None\*\*\*\*\*  
VERIFIED

\*\*371 (NAT'L STAGE) DATA\*\*\*None\*\*\*\*\*  
VERIFIED

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/11/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Verified and Acknowledged <u>Examiner's Initials</u> <u>Initials</u>	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no. <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY PA	SHEETS DRAWING 6	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 1
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